


2nd NOTICE: Limited Liability Company Will Be Dissolved On Or After October 8, 1997. If Dissolved, Minimum Amount Due To Reinstate: \$703.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 588.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company DOCUMENT # L96000000955 EW USA, L.C. 4057 SEMINOLE POINT CT ST AUGUSTINE FL 32086
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FILED
 97 AUG 22 PM 2:40
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2. Principal Place of Business 100 Southpark Boulevard Suite, Apt. #, etc. Suite 414 City & State St. Augustine, Florida Zip 32086 Country SE. Johns		2a. Mailing Address 100 Southpark Boulevard Suite, Apt. #, etc. Suite 414 City & State St. Augustine, Florida Zip 32086 Country St. Johns	
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1a. Principal Place of Business Address 4057 SEMINOLE POINT CT ST AUGUSTINE FL 32086	
3. Date Organized or Qualified 08/26/1996	3a. State of Formation FL
4. FEI Number X 59-3428381	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent ROEHR, PETER 4057 SEMINOLE POINT CT ST AUGUSTINE FL 32086

8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
 (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	ROEHR, CLAUD P	4057 SEMINOLE POINT CT	ST AUGUSTINE FL
MGMGR	DAIL A. TAYLOR	100 SOUTHPARK BLVD, SUITE 414	ST. AUGUSTINE, FL
MGMGR	BEN ARONSON	5085 MEDORAS AVENUE	ST. AUGUSTINE, FL

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: _____
 SIGNATURE AND TYPE D OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #